

## **LAKE HAVASU CITY**

## **Preliminary Plat Subdivision/Amendment Application**

Submit completed application to the Development Services Department / Planning Division: 2330 McCulloch Blvd N. / Lake Havasu City, AZ 86403 or <a href="mailto:planninginfo@lhcaz.gov">planninginfo@lhcaz.gov</a>

For Subdivision procedures, see Lake Havasu City Code Title 13.

APPLICATION NUMBER:		=				DATE:	
(1) OWNER NAME/MAILING ADDRESS	CONTACT II	NFO		<b>-</b>	Phone: Email:		
				_			
(2) APPLICANT NAME/MAILING ADDR	ESS/CONTAC	CT INFO (if	different th	an Owner)			
				_	Phone:		
<del></del>				_	Elliali.		
(2) 2) = 1 2 2 2 2 2 2				_			
(3) SITE LOCATION					1	Darael ID/e)	
Property Address: Rang	e:	Section:		_	ASSESSOI	-arcerib(s).	
· · · · · · · · · · · · · · · · · · ·	k:	<del>_</del>		<del>_</del>			
	<u> </u>			_			
(4) PROJECT INFORMATION							
Proposed Subdivision Name:			_ Tr	act Number:		Numb	per of Lots/Units:
Existing Zoning: Pro	oosed Zoning:		=				Acres:
(5) PRELIMINARY PLAT SUBMITTAL R	EQUIREMEN	ITS (Provide	a bundled	set for eac	h Division a	s shown be	elow)
		ing Set		ering Set		ng Set	] ^
Document Required for Packet	Required	Received	Required	Received	Required	Received	
Preliminary Plat Maps Preliminary Grading Plans / Soil Report	1 1		3 + PDF		2		•
Traffic Impact Analysis	1		2 + PDF				1
Preliminary Stormwater Plan	1		3 + PDF				1
Preliminary Wastewater Plan	1		3 + PDF				]
Preliminary Water Plan	1		3 + PDF				
Water Allocation / Service Agreement	1		1 + PDF				
Proposed Financial Assurance Type	2		1 + PDF				4
Copy of Deed Restrictions Preliminary Title Report	1 1						
Note: Condominium projects require a declara	tion which inclu	des informatio	n required by	A.R.S. Title	33. Chapter 9	I	J
Other/Notes:							
(6) APPLICATION PROCESSING TIMES							
a) Staff routes documents to reviewing p							
b) Preliminary Plat scheduled for Plannin	-		neeting to ap	oprove, cond	litionally appı	rove, or deny	y. (up to 45 business days)
Preliminary Plat Subdivision Filing	Fee: <u>\$1,316.</u>	<u>25</u>	Note: Othe	er fees may	apply		
(7) CONTACT DI ANNING EOD ELIDITI	ED INEODMA	TION					
(7) CONTACT PLANNING FOR FURTHI Trevor Kearns, City Planner, Phone: (			heaz dov				
Luke Morris, Planning Division Manag	-		_	2027 (10)/			
	er, i fiorie. (92	20) 034-0722	., <u>momatu</u>	icaz.gov			
(8) CLARIFICATION							
A person may request the City to clari	fy its interpreta	ation or appli	cation of a s	statute, ordin	ance, code,	or policy affe	ecting the processing of this
application in accordance with ARS §	9-839.						
(9) CERTIFICATION/ACKNOWLEDGEN	IFNT						
a) I hereby file the above request as an a		dicant					
b) To the best of my knowledge, the information by the best of my knowledge, the best of my knowledge by			accurate an	nd true			
c) I am aware of the steps and timeframe							
·		•		•	ligation by	ıbmittina a-	alastronia aignotura. Places
To submit this application electronically, L type your name in the field below and click				my your app	nication by St	มงเบเนเกิส an	electronic signature. Please
SIGNATURE		ga.a.o one	JON DOA.				DATE
					_		DAIL
CONFIRM SIGNATURE							